



CALENDAR OF EVENTS

International Training Courses at Chulabhorn Research Institute Scheduled for September 2026

Training Course	Dates	Duration	Participants	Closing Date
Metabolomics for Drugs Discovery and Development	September 21-25	5 days	20 pp	Friday 31 July 2026

Course Coordinator: Professor Emeritus Somsak Ruchirawat, Ph.D.

Background:

The Chulabhorn Research Institute (CRI) and Chulabhorn Graduate Institute (CGI) recognize the importance of providing a training program to assist developing countries with human resource development in the fields of environmental health and chemistry for human health research. To support this mission, CRI and CGI will host a specialized training course in September 2026 on "Metabolomics for Drug Discovery and Development" designed for participants from developing countries across the Asia-Pacific region.

Course Description:

This intensive training program will introduce participants to cutting-edge metabolomics technologies that play a pivotal role in drug discovery and development, including the identification of biologically active compounds and metabolites. The curriculum will cover: Principles and applications of metabolomics, Chemometrics and multivariate analysis, Sample preparation techniques, Data pre-processing and analysis and Metabolite identification strategies. A strong emphasis will be placed on developing informatics expertise through the use of open-source tools for key analytical steps. The course will combine traditional lectures with hands-on training, enabling participants to gain practical experience in sample preparation, data processing, metabolite identification, and targeted analysis.

Participants who complete the courses will receive a Certificate of Completion for their professional portfolio.

Requirements:

Applicants must fulfill the following requirements:

- Approximately two (2) years' work experience related to the use of basic knowledge in biological or biomedical sciences, chemistry, or medicine.
- Hold a bachelor's degree from a university/technical college.
- Demonstrate proficiency in English (speaking, reading and writing).
- Be in good health, both physically and mentally, and have a health certificate provided by an authorized physician. This form is also attached together with the Application Form. Pregnancy is regarded as a disqualifying condition for participation in the course.

Fellowship coverage:

The fellowship will cover course fees, round-trip airfare (low-cost economy class), accommodation allowance, daily stipend, training materials, and health insurance.

Application:

Interested applicants should apply through the Royal Thai Embassy in their country or submit applications directly via email to the address below.

Contact:

Should you have any questions, please contact the Chulabhorn Research Institute (CRI):

54 Kamphaeng Phet 6 Rd., Lak Si, Bangkok 10210, Thailand.

Tel: +66 2 553 8535 Fax: +66 2 553 8536 E-mail: envtox@cri.or.th



Chulabhorn Research Institute

54 Kamphangphet 6 Road, Laksi, Bangkok 10210, Thailand

Fellowship Application Form

IMPORTANT INSTRUCTIONS:

- Each question must be answered clearly and completely.
- Duly completed application forms should be forwarded to the Chulabhorn Research Institute before deadline of application
- Incomplete applications will not be considered.

Please attach
photograph
here

Course Title: _____

Personal Data

Title	Family name / Surname (as shown in passport)	First name	Sex		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Marital Status	Religion
				<input type="checkbox"/> Single <input type="checkbox"/> Married	

Communication and Mailing Address

Office Address:		Home Address:	
Office telephone NO:	Fax:	Home telephone NO:	Fax:
Country Area Number	Country Area Number	Country Area Number	Country Area Number
Office Email:		Personal Email:	
Name and address of person to be notified in case of emergency:			
Telephone No: Relationship:			
Country Area Number			
International Airport / City of Departure			

Educational Record

Education Institution/ University	City/ Country	Years Attended		Degrees, Diplomas and Certificates	Major field of study
		From	To		
Have you ever been trained in Thailand? If yes, what course, where and for how long?					

Employment Record

Present or most recent post: Date from _____ to _____	Brief your job description and responsibility
Name of Organization:	
Type of Organization: <input type="checkbox"/> National governmental <input type="checkbox"/> Local governmental <input type="checkbox"/> Public enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Department/ Division:	
City/Country:	
Position:	
Previous Post: Date from _____ to _____	
Name of Organization:	
Type of Organization: <input type="checkbox"/> National governmental <input type="checkbox"/> Local governmental <input type="checkbox"/> Public enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Department/ Division:	
City/Country:	
Position:	

Language Proficiency

1. Mother Tongue _____	() Excellent	() Good	() Fair	() Poor
2. English	() Excellent	() Good	() Fair	() Poor
Listening	() Excellent	() Good	() Fair	() Poor
Speaking	() Excellent	() Good	() Fair	() Poor
Reading	() Excellent	() Good	() Fair	() Poor
Writing				
3. Other languages _____	() Excellent	() Good	() Fair	() Poor

* Excellent: Refined fluency skills and topic controlled discussions, debates and presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect and argumentative essays.

*Good: Conversational accuracy and fluency in a wide range of situations: discussion, short presentations and interviews. Compound complex sentences. Extended essay formation.

*Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences and expanded paragraph formation.

*Poor: Simple conversation level, such as self-introduction, brief question and answer using the present and past tenses.

Expectations

Please describe the practical use you will make of this training/study on your return home in relation to the responsibilities you expect to assume and the conditions existing in your country in the field of your training.

Recommendation form

	Top 5%	Top 10%	Top 20%	Top 50%	Below average	Unable to assess	Comments
Intellectual ability							
Breadth of general knowledge							
Quantitative ability							
Analytical ability							
Quality of oral expression							
Quality of written expression							
Ability to work with others							
Emotional maturity							
perseverance							
Promise as a program graduate							

Signature of Reference: _____ Date: _____

Title and organization: _____

Address: _____

Telephone Number: _____ Email: _____

SUPPORTING DOCUMENTS

Transcript (s) / or Certificate (s)

Letter of Recommendation

name title institution/company

name title institution/company

name title institution/company

Medical Certificate

Copy of the passport

Please read the following and sign

I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for application consideration. I hereby certify that my education and qualifications are in accordance with the admission requirements and all information given in this form is true.

Applicant's Signature

Date

Duly completed application form should be forwarded to:

The Chulabhorn Research Institute
54 Kamphangphet 6 Road,
Laksi, Bangkok 10210
THAILAND

Email: _____

Medical History and Report

Name of Nominee Age

Country

***Physical Examination (To be filled in by physician)**

Present Status

Height Cms. Weightkgs. Blood Pressure mm.Hg. Pulse/min.

Vision RightLeft Eyes With glasses / Without glasses

a) Do you currently use any drugs for the treatment of a medical condition? (give name and dosage)

No

Yes : name of medication (.....), Quantity (.....)

b) Are you pregnant?

No

Yes : (..... months)

c) Are you allergic to any medication or food?

No

Yes : () Medication : () Food : () Other: _____

Laboratory Examinations

Blood groupBlood film for malariaHb gm%

WBC Cells/cu.mm.

Differential PMN % Lymph % Mono % Eos %

Baso % Band..... % Blast %

Urinalysis : Colour Sp. Gr pH Sugar

Alb BloodKetones Blie.....

Micro : WBC...../HPF.,RBC/HPF.,Epethelial..... /HPF.

Casts...../ HPD., Others

Stool examination for parasite & Ova

Chest X – Ray report

Urine pregnancy test

Check each item in appropriate column

Item	Normal	Abnormal	Additional comment
General	<input type="checkbox"/>	<input type="checkbox"/>
Skin, Scalp	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Otoscopic Exam			
Nose	<input type="checkbox"/>	<input type="checkbox"/>
Pharynx & tonsils	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
External genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Rectal exam.	<input type="checkbox"/>	<input type="checkbox"/>
Vertebrae	<input type="checkbox"/>	<input type="checkbox"/>
Locomotor	<input type="checkbox"/>	<input type="checkbox"/>
Reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Mental health status	<input type="checkbox"/>	<input type="checkbox"/>

Is the nominee able physically and mentally to carry on intensive study away from home?

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Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?

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Does the nominee have any condition or defect which might require treatment during the fellowship period?

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Full name and address of
Examining physician (printed)

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.....
.....

Physician signatureM.D.
(.....)

Date